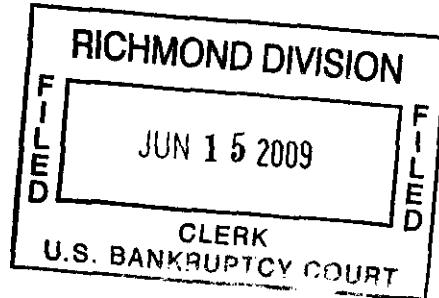


TIMES&NEWS

PUBLISHING COMPANY



June 10, 2009

Clerk of the Bankruptcy Court
United States Bankruptcy Court
701 East Broad Street – Room 4000
Richmond, VA 23219

This letter is to provide information concerning opposing the reclassification of our claim in the Hearing on Omnibus Objection to Certain Late Claims with the Bankruptcy Court for the Eastern District of Virginia, Richmond Division for Circuit City Stores, Inc. et al. Circuit City is in Chapter 11 Bankruptcy. Case No. 08-35653 (KRH).

Our company name is Times and News Publishing Company. We are doing business as Gettysburg Times on this notice. Our newspaper inserted Circuit City's preprints into our paper. \$669.52 is outstanding due to the bankruptcy. Our claim number is 11490.

We are opposing the disallowance of our claim through Bankruptcy rule 3007. It is understood that a debtor may rebut the proof of claim, and the creditor has the ultimate burden of persuasion with respect to the validity of claim. Our validity of claim is that we in good faith inserted the preprint into our paper and provided the service. Therefore, we would like our claim to not be disallowed.

Enclosed is a copy of our proof of claim and invoice showing the outstanding \$669.52.

I declare that I am aware through personal knowledge of the relevant facts that support this letter. This is also the correct mailing address, phone and fax numbers for our information.

Tammy Signor
Times and News Publishing Company
d/b/a Gettysburg Times
1570 Fairfield Road
P.O. Box 3669
Gettysburg, PA 17325
(717) 339-2049 – phone
(717) 334-4243 – fax

Sincerely,

Tammy L. Signor

Tammy L. Signor
Human Resources Coordinator

cc: Skadden, Arps, Slate, Meagher & Flom, LLP
One Rodney Square
P.O. Box 636
Wilmington, DE 19899-0636
Attn: Gregg M. Galardi
Attn: Ian S. Fredericks

McGuirewoods LLP
One James Center
901 E. Cary Street
Richmond, VA 23219
Attn: Dion W. Hayes
Attn: Douglas M. Foley

Skadden, Arps, Slate, Meagher & Flom, LLP
333 West Wacker Drive
Chicago, IL 60606
Attn: Chris L. Dickerson

Debtor against which claim is asserted : (Check only one box below:)

<input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653)	<input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659)	<input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665)
<input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654)	<input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660)	<input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666)
<input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655)	<input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661)	<input type="checkbox"/> Patapsco Designs, Inc. (Case No. 08-35667)
<input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656)	<input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662)	<input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668)
<input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657)	<input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663)	<input type="checkbox"/> XSStuff, LLC (Case No. 08-35669)
<input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658)	<input type="checkbox"/> Courchevel, LLC (Case No. 08-35664)	<input type="checkbox"/> PRAHS, INC. (Case No. 08-35670)

NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

GETTYSBURG TIMES

 Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

NameID: 4498196

PackID: 181023

GETTYSBURG TIMES
PO BOX 3669
1570 FAIRFIELD RD.
GETTYSBURG PA 17325

Telephone number: 717-334-1131

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

COPY

Telephone number: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 669,52

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: ADVERTISING

(See instruction #2 on reverse side.)

Put preprint Sale files into new folder.

3. Last four digits of any number by which creditor identifies debtor: 0516

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe: _____

Value of Property: \$ _____ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

Date:
1-28-09

Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

RECEIVED

FEB 03 2009

KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



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TIMES AND NEWS PUBLISHING COMPANY

P. O. Box 3669 Gettysburg, PA 17325
 Phone (717) 334-1131 Fax (717) 334-4243
 Incorporated: 1919 EIN: 23-1155650

THE GETTYSBURG TIMES

Invoice Date 11/30/2008

Customer # 050516

Circuit City Stores, Inc.
 Advertising Accounting
 9950 Mayland Drive
 Richmond, VA 23233

Beginning Balance	11/01/2008	\$1400.43
Payments:		
Check #4570639	11/03/2008	\$1339.04
Adjustment	11/11/2008	\$61.39
Total Payments		\$1400.43-
Current Charges:		
Preprint Advertising	#388268	\$669.52
Total New Charges		<u>\$669.52+</u>
Ending Balance	11/30/2008	\$669.52

Preprint AdvertisingInvoice #388268

<u>Advt #</u>	<u>Date</u>	<u>Day</u>	<u>Size</u>	<u>Description</u>	<u>Rate</u>	<u>Total</u>
2324140	11/01/2008	Sat	1.00 "	Preprint Insert		\$334.76
	11/08/2008	Sat	1.00 "	(67508)		<u>\$334.76</u>

Invoice Subtotal \$669.52

Total Amount Due

\$669.52*Original Invoice*

TERMS: NET 30 DAYS. A 1.5% finance charge is added after 60 days. Annual Rate 18%
 Returned checks will be subject to a \$20 processing fee.